

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09784005</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL DEP.	5	↓	9	↓	15	↓	TOTAL DEP.	↓	↓	↓	↓	↓	↓
TOTAL CLAIMS	9		13				TOTAL CLAIMS						